MARYLAND STATE DEPARTMENT OF HEALTH

66438

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 80 157

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Libertytown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Libertytown
STREET ADDRESS (If rural, give location): Rural

**3. NAME OF DECEASED (Type or Print)**: (First) Alice (Middle) S (Last) Albaugh

**4. DATE OF DEATH**: (Month) Jan (Day) 21 (Year) 1950

**5. SEX**: female

**6. COLOR OR RACE**: white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)**: widowed

**8. DATE OF BIRTH**: Oct 19-1862

**9. AGE last birthday**: 87 yrs. — If under 1 year: Months. / Days. — If under 24 hrs.: Hours. / Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**: housewife

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE (State or foreign country)**: Maryland

**12. CITIZEN OF WHAT COUNTRY?**: U S

**13. FATHER'S NAME**: John Pittinger

**14. MOTHER'S MAIDEN NAME**: Sarah Pittinger

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)** (If year, give war or dates of service):

**16. SOCIAL SECURITY No.**: none

**17. INFORMANT AND ADDRESS**: John W Albaugh, Libertytown, Rural Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Congestive cardiac failure | 10 days |
| Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic cardiovascular disease 422.1 430 | 15 years |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. | Osteoarthritis, generalized | 20 years |

**19a. DATE OF OPERATION**: None

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)**: None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

**22.** I hereby certify that I attended the deceased from 1 Dec, 1949, to 21 Jan, 1950, that I last saw the deceased alive on 20 Jan., 1950, and that death occurred at 9:30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James E. Stoner Jr MD — ADDRESS: Walkersville Md. — DATE SIGNED: 22 Jan 50

**23. BURIAL, CREMATION, REMOVAL (Specify)**: Burial — DATE: Jan 24-1950 — NAME OF CEMETERY OR CREMATORY: Haugha Cemetery — LOCATION (City, town, or county) (State): Ladiesburg Rural Md.

DATE REC'D BY LOCAL REG.: 1-24-50 — REGISTRAR'S SIGNATURE: Ora D. Tomlinson

**24. FUNERAL DIRECTOR** — ADDRESS: D D Bartholow Sons Union Bridge + New Windsor Md

RECEIVED
JAN 26 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06439

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Walkersville — LENGTH OF STAY (in this place) 29 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md — COUNTY Fred
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| MARTHA | LEOTTA | BARTON | Jan | 27 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | W | Single | April 21, 1893 | 56 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| none | — | Md. | U.S.A. |

13. FATHER'S NAME: William A. Barton

14. MOTHER'S MAIDEN NAME: Clara L. Ogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: J. C. Barton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Primary atypical pneumonia | 14 days |
| 422.1 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Myocardial failure | 2 years |
| | (c) Arteriosclerotic cardiovascular disease | 10 years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Jan., 1950, to 27 Jan., 1950, that I last saw the deceased alive on 26 Jan., 1950, and that death occurred at 2:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jennie E. Stone M.D. Walkersville, Md. 27 Jan 50

| 23. BURIAL CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Jan. 29 1950 | Mt. Hope | Woodsboro |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 27 Jan 1950 | Elizabeth S. Heck. | J. C. Barton | Walkersville |

X VR99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00440

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick, Md.
STREET ADDRESS (If rural, give location) 5 W. All Saints St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Otis (Last) Bell
4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1950
5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-20-1909
9. AGE last birthday 40 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frederick Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James C. Bell
14. MOTHER'S MAIDEN NAME Rosa Willins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) #2
16. SOCIAL SECURITY NO. 214-10-2251
17. INFORMANT AND ADDRESS Noble Stanton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemia — 3 days

Antecedent cause(s)

590 / 130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Nephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1950 to Jan 13, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 4:55 A m., from the causes and on the date stated above.

SIGNATURE E. P. Stanton (Degree or title) ADDRESS FREDERICK Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 1-16-50 | NAME OF CEMETERY OR CREMATORY Della | LOCATION (City, town, or county) Della, Md. (State)

DATE REC'D BY LOCAL REG. 14 Jan. 1950 | REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR Charles E. Kirby ADDRESS 24 W. all Saints St. 7207

VS-A15

RECEIVED
JAN 17 1950
BUREAU U. S.

00441

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (In this place) 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 525 North Market Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| ROBERT | ALTON | BENNETT | 1 | 21 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | W | 6-5-1870 | 79 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Notary
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Bennett
14. MOTHER'S MAIDEN NAME: Nannie Crouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Alton Y. Bennett (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Traumatic pneumonia | Days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Multiple fractured ribs | 12 days |
| | (c) | |

816.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 1/9/50 9:30 p.m. INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Automobile accident with other motor vehicle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Lawrence Thomas M.D. Deputy Medical Examiner — (Degree or title) — ADDRESS: Frederick, Maryland — DATE SIGNED: 1-23-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-24-50 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 23 Jan 1950 — REGISTRAR'S SIGNATURE: Elizabeth L. Heck

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland — ADDRESS

26683

RECEIVED
JAN 26 1950
BUREAU F. S.

00442

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural
LENGTH OF STAY (in this place) 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montana County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) ELMER (Middle) ROY (Last) BISHOP
4. DATE OF DEATH (Month) Jan. (Day) 16 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify) Single
8. DATE OF BIRTH June 6, 1904
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Elmer G. Bishop
14. MOTHER'S MAIDEN NAME Annie Wilhide
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Annie Bishop

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Paresis — INTERVAL BETWEEN ONSET AND DEATH 5 years

352X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

30b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1949, to Jan. 16, 1950, that I last saw the deceased alive on Jan. 15, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE Bernard O. Hermas Jr. (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED Jan. 17, 1950

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify) Burial
DATE THEREOF Jan. 18, 1950
NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
LOCATION (City, town, or county) (State) Woodsboro

DATE REC'D BY LOCAL REG. 17 Jan 1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR G. C. Barton ADDRESS Walkersville, Md.

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1950
BUREAU V. S.

Mrs. Chas. Heck
3 N. Church St

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

0C443

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Grayson (Last) Bowlus

4. DATE OF DEATH (Month) January (Day) 27 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12-29-1892

9. AGE last birthday 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. George W. Bowlus

14. MOTHER'S MAIDEN NAME miss Amanda Sigler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Stewart Bowlus - Burkittsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Renal-Vascular disease — Interval between onset and death: .

4427 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 1210

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 19 50, to January 27, 19 50, that I last saw the deceased alive on January 27, 19 50, and that death occurred at 2:35 A. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. E. Harp MD ADDRESS Middletown DATE SIGNED 1-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 1-29-1950 — NAME OF CEMETERY OR CREMATORY Union Cemetery — LOCATION (City, town, or county) (State) Burkittsville Md.

DATE REC'D BY LOCAL REG. 1-28-50 — REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS Gladhill & Co., Middletown, Md.

V5092

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

00444

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND

~~CITY~~, (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Rural

LENGTH OF STAY (in this place) 10 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Frederick

~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural Frederick

STREET ADDRESS (If rural, give location) Frederick R. F. D. #5

3. NAME OF DECEASED (Type or Print) (First) Phillip (Middle) (Last) Bryan

4. DATE OF DEATH (Month) Jan (Day) 18 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown

8. DATE OF BIRTH 1872

9. AGE last birthday 78 yrs. If under 1 year Months 5 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Frederick Co Md.

12. CITIZEN OF WHAT COUNTRY? Frederick

13. FATHER'S NAME Henry Bryan

14. MOTHER'S MAIDEN NAME Rebecca Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Montevue Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-sclerotic Cardio-vascular

Antecedent cause(s)

422.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1946, to Jan. 18, 1950, that I last saw the deceased alive on Jan. 15, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE Bernard Thomas Jr (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED Jan. 18, 1950.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial DATE 1/18/50 NAME OF CEMETERY OR CREMATORY Montevue LOCATION (City, town, or county) Frederick Co (State) Md

DATE REC'D BY LOCAL REG. 18 Jan 1950 REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR Harry E. Carty Co ADDRESS Frederick Md

98849

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 19 1950
BUREAU V. S.

00445

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick.; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Airy; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Emory (Last) Burdette

4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-13-1873

9. AGE last birthday: 76 ~~Years~~ yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Furniture Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Mount Airy, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Caleb Burdette

14. MOTHER'S MAIDEN NAME: Elizabeth Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Amanda Burdette (widow)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage.

331 X

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 28, 19[illegible], to Jan 4, 1950, that I last saw the deceased alive on Jan 4, 1950, and that death occurred at 7:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. A. Pearre, M.D. ADDRESS Frederick, Maryland DATE SIGNED 1-4-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 1-6-50 | NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 6-Jan 1950 | REGISTRAR'S SIGNATURE Elizabeth L. Tech.

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland ADDRESS

156-67

RECEIVED
JAN 9 1950
BUREAU V. S.

00446

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS-A15

**1. PLACE OF DEATH**
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (In this place): 7 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Highland Street

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): Highland Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| FLOYD | GEORGE | COMBS | 1 | 10 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | M | 6-6-1904 | 45 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Filer - Ox Fibre Brush Company | | West Virginia | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| A. A. Combs | Annie Buckley |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | 217-10-7225 | Mrs. Helen Combs, Highland St., Frederick, Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Coronary Thrombosis

420.1 **Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

9ua (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from May, 1945, to Jan 10, 1950, that I last saw the deceased alive on Jan 10, 1950, and that death occurred at 1:15 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H Lawrence Fahney | M. D. | Frederick, Maryland | 1-11-50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1-14-50 | Mt. Olivet Cemetery | Frederick, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 12 Jan 1950 | Elizabeth S. Heck | M. R. Etchison & Son, Frederick, | Maryland |

43867

RECEIVED
JAN 13 1950
BUREAU V. S.

00447

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Frederick MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Virginia COUNTY Loudoun |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (in this place) 2 Days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lovettsville |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital | STREET ADDRESS (If rural, give location) |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) ELTON | (Middle) | (Last) COOPER | 4. DATE OF DEATH | (Month) 1 (Day) 14 (Year) 1950 |
| 5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH 4-8-1883 | 9. AGE last birthday 66 yrs. | If under 1 year Months. Days; If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME Robert Cooper | | | 14. MOTHER'S MAIDEN NAME Margaret Ann Cooper | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS R. E. Brown, Lovettsville, Va. | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Uremia | 1 week |
| Antecedent cause(s) 442x 131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arterio-sclerotic Cardio-vascular renal disease | 12 years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 12 Jan, 1950, to 14 Jan, 1950, that I last saw the deceased alive on 14 Jan, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE Charles H. Conley Jr. (Degree or title) M. D., ADDRESS Frederick, Maryland, DATE SIGNED January 16, 1950

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 1-17-50 | NAME OF CEMETERY OR CREMATORY Union Cemetery | LOCATION (City, town, or county) (State) Lovettsville, Virginia |
| DATE REC'D BY LOCAL REG. 16 Jan 1950 | REGISTRAR'S SIGNATURE Elizabeth G. Heck | 24. FUNERAL DIRECTOR M. R. Etchison and Son, ADDRESS Frederick, Maryland | |

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1950
BUREAU V. S.

00448

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Frederick MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Frederick |
| ~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Rural- Braddock — LENGTH OF STAY (in this place): 1 month | ~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town): Buckeystown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ridge Road | STREET ADDRESS (If rural, give location): |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Lula | (Middle) May | (Last) Crummitt | 4. DATE OF DEATH | (Month) Jan. (Day) 7 (Year) 1950 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widowed | 8. DATE OF BIRTH: Sept. 25-1865 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME: John W. Creager | 14. MOTHER'S MAIDEN NAME: Louise Aubert | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) | 16. SOCIAL SECURITY No.: NONE | 17. INFORMANT AND ADDRESS: Miss C. Catherine Crummitt- Braddock-Md. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Central Artery sclerosis marked | 4 yrs. |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Central degeneration marked | 1 month |
| | (c) | |

334 X
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Sept, 1945, to Jan 7, 1950, that I last saw the deceased alive on Jan 6, 1950, and that death occurred at 2 55 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| J. R. Schoolman | M.D. | 228 N Market St Frederick | 1/9/50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial | DATE: Jan. 10-1950 | NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick- Maryland |
| DATE REC'D BY LOCAL REG.: 9 Jan 1950 | REGISTRAR'S SIGNATURE: Elizabeth G. Heck | 24. FUNERAL DIRECTOR: C.E.Cline and Son- Frederick-Maryland | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00449

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 140

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Knoxville
LENGTH OF STAY (in this place): 72 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Knoxville
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Danner

4. DATE OF DEATH: (Month) 1 (Day) 30 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 8-29-71

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Car Repairman

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ezra Danner

14. MOTHER'S MAIDEN NAME: Genevia Alberta Barger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Lucretia Carroll Danner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cerebral hemorrhage — Interval between onset and death: 3 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Generalized arteriosclerosis

(c): Senility

331 83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25-, 1950, to 1-30-, 1950 that I last saw the deceased alive on 1-29- 1950, and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE: C. E. Trout (Degree or title): MD ADDRESS: Brunswick, Md DATE SIGNED: 1-31-50

23. BURIAL, CREMATION, REMOVAL (Specify): DATE: 2-2-50 NAME OF CEMETERY OR CREMATORY: Reformed LOCATION (City, town, or county): Knoxville (State): Md.

DATE REC'D BY LOCAL REG.: Jan 30-50

REGISTRAR'S SIGNATURE: Kathryn H. Brown

24. FUNERAL DIRECTOR: C. A. Fulton Bro ADDRESS: Brunswick Md

Defs.

49647

RECEIVED
FEB 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

00450

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY FREDERICK; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK; LENGTH OF STAY (in this place) 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - BRADDOCK HEIGTS
STREET ADDRESS (If rural, give location) R. F. D. #5

3. NAME OF DECEASED (Type or Print): (First) ALVIE (Middle) MARTIN (Last) ETZLER

4. DATE OF DEATH: (Month) (Day) (Year) JANUARY 15, 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 31, 1887

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMAER- SALE CLERK

10b. KIND OF BUSINESS OR INDUSTRY: FARMING- PUBLIC SALES

11. BIRTHPLACE (State or foreign country): FREDERICK CO., MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN ETZLER

14. MOTHER'S MAIDEN NAME: OLIVIA NICODEMUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-18-1119

17. INFORMANT: ETHLYN MYRA BURROUGHS ETZLER (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | 30 minutes |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Diabetes | Since 4/15/47 |
| 260 X 61 | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1949 to Jan. 15, 1950, that I last saw the deceased alive on Jan. 14, 1950, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE C. N. Conley (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED January 16, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT

DATE THEREOF C. N. Conley, M.D. JANUARY 17, 1950

NAME OF CEMETERY OR CREMATORY FREDERICK MEMORIAL PARK

LOCATION (City, town, or county) (State) FREDERICK, MARYLAND

DATE REC'D BY LOCAL REG. 16 Jan 1950

REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR ADDRESS HARRY E. CARTY CO. FREDERICK, MD.

Corr.

VS. A15

RECEIVED
JAN 17 1950
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00451

# CERTIFICATE OF DEATH

Reg. Dist. No. 137

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown; LENGTH OF STAY (In this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Frd'k.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge, Rural; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Claude (Middle) R. (Last) Etzler.

4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 20-1886

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Augustus Etzler

14. MOTHER'S MAIDEN NAME: Cordelia Ecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Ira W. Beall, M.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 4 years

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ Several years prior to death, 19..., to ..., 19..., that I last saw the deceased but not recently alive on ..., 19..., and that death occurred at 5-1/2 ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ira W. Beall, M.D. ADDRESS (Libertytown, Md.) DATE SIGNED 1-21-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/23/50

NAME OF CEMETERY OR CREMATORY: Locust Grove

LOCATION (City, town, or county) (State): Mussinville, Md

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: D.D. Hartzler & Sons ADDRESS: Union Bridge & New Windsor, Md

VS. A15

RECEIVED
JAN 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00452

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ | LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue Home Dawd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ 327 E 3rd Street
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Elizabeth (Last) Eyler

4. DATE OF DEATH: (Month) Jan (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Widow

8. DATE OF BIRTH: July 5, 1886

9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles S. Bowman

14. MOTHER'S MAIDEN NAME: Rachel Flickinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Home records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1/2 hour

420,1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c) Arteriosclerotic Cardio-Vascular Disease — 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1949, to Jan. 26, 1950, that I last saw the deceased alive on Jan. 25, 1950, and that death occurred at 7P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Bernard A. Thomas Jr. M.D | Frederick, Md | Jan 26, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan 29, 1950 | NAME OF CEMETERY OR CREMATORY: Union Bridge Cemetery | LOCATION (City, town, or county): Union Bridge | (State): Md.

DATE REC'D BY LOCAL REG. 26 Jan 1950 | REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR: C. O. Fuss & Son | ADDRESS: Taneytown, Md.

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00453

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium
MARYLAND
LENGTH OF STAY (in this place) From 5/23/49 to present

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4901 Denmore Ave.

3. NAME OF DECEASED (Type or Print) (First) Lula (Middle) (Last) Fenzel

4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 27, 1895

9. AGE last birthday 54 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John H. Sparhawk

14. MOTHER'S MAIDEN NAME Grace I. Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. 219-14-0120

17. INFORMANT Husband - F. A. Fenzel

260

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | 14 mos. |
| 0022 Antecedent cause(s) | | |
| 13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5½ yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED Whilo at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1949, to Jan. 28, 1950, that I last saw the deceased alive on Jan. 28, 1950 and that death occurred at 5:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D. B. Lyon, M.D. ADDRESS State Sanatorium, Md. DATE SIGNED 1/30/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Jan 31 1950 | NAME OF CEMETERY OR CREMATORY Cathedral Cemetery | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 1/28/50 | REGISTRAR'S SIGNATURE D. B. Lyon | 24. FUNERAL DIRECTOR C. Vernon Lemmon | ADDRESS Baltimore 15 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00454

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - nr New London
LENGTH OF STAY (In this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Frederick COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - nr. New London
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) WESLEY (Last) FOSSETT

4. DATE OF DEATH: (Month) JAN (Day) 24 (Year) 1950

5. SEX: M

6. COLOR OR RACE: C

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 8 MAY 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Frederick County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph W. Fossett

14. MOTHER'S MAIDEN NAME: Eliza Jane Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.

17. INFORMANT: Albert Fossett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Acute Pulmonary Edema — 2-3 hrs.

934 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Heart Disease — ? years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Charles H. Corley (Degree or title) M.D. Asst. Dep. Med. Exam. ADDRESS: Frederick, Maryland DATE SIGNED: 1/24/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 1-28-50 NAME OF CEMETERY OR CREMATORY: Dorsey Chapel LOCATION (City, town, or county) (State): New London

DATE REC'D BY LOCAL REG.: 27-Jan-1950 REGISTRAR'S SIGNATURE: Lucian X. Falconer

24. FUNERAL DIRECTOR: Chas. E. Kirby III ADDRESS: 24 W. All Saints St. Frederick

RECEIVED
FEB 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00455

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and OR ~~TOWN~~ give nearest town) Frederick
LENGTH OF STAY (in this place) 35 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 475 West South Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 475 West South Street

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Mooth) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | HERBERT | EUGENE | FREE | | 1 | 5 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | M | 9-27-1907 | 42 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kiod of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign couotry) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Laborer - Ox Fiore Brush | Company | Frederick County Maryland | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Bradley Free | Martha Ellen Richardson |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | 214-10-2282 | Mrs. Ruth Free 475 W. South St., Frederick, Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Carcinoma of Sigmoid | 1 year |
| 153 Antecedent cause(s) | | |
| 46e Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last | (b) metastis in lungs | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Mooth) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from May 5, 1949, to Jan. 5, 1950, that I last saw the deceased alive on Jan. 5, 1949, and that death occurred at 4:40 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| B O Thomas | M. D. | Frederick, Maryland | 1-6-50 |

| 23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or couoty) (State) |
|---|---|---|---|
| Burial | 1-8-50 | Mount Olivet Cemetery | Frederick, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6 Jan 1950 | Elizabeth G. Heck. | M. R. Etchison & Son, | Frederick, Maryland |

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RECEIVED
JAN 9 1950
BUREAU V. S.

00456

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

**1. PLACE OF DEATH**
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 18 Wisner Street

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 18 Wisner Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| GEORGE | FRANKLIN | FREED, SR. | 1 | 1 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | M | 1-5-1884 | 65 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired - Potomac Edison | Company | Frederick County Maryland | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Edwin Freed | Fannie Baker |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | ? | Mrs. G. F. Freed, 18 Wisner St., Frederick, Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Rupture of abdominal aortic aneurism | 5 minutes, ~~3 yrs.~~ |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Abdominal aortic aneurism (Non-Syphilitic 3/22/50 HS) | 3 yrs. |
| | (c) Arteriosclerosis, marked, | ? |

451X
96

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | | | |

22. I hereby certify that I attended the deceased from Jan, 19 47, to Jun 1, 19 50, that I last saw the deceased alive on Dec 31, 19 49, and that death occurred at 6:55 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| J. R Schoolman | M. D. | Frederick, Maryland | 1-3-50 |

| 23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1-3-50 | Mount Olivet Cemetery | Frederick, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3-Jan 1950 | Elizabeth Y. Hecla | M. R. Etchison & Son, | Frederick, Maryland |

XW 55

RECEIVED
JAN 4 1950
BUREAU V. S.

00457

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick Brunswick Md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knoxville | LENGTH OF STAY (in this place) 7 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knoxville
STREET ADDRESS R.9 D.1 (If rural, give location) Mountain Road.

3. NAME OF DECEASED (Type or Print): (First) Gordon (Middle) Wee (Last) Gilbert
4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 13-49
9. AGE last birthday: 7 weeks yrs. | If under 1 year: Months | Days 3 | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Frederick - Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Richard Gilbert
14. MOTHER'S MAIDEN NAME: Lucille Brooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Lucille Brooks, Knoxville-Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Andro Spinal Meningitis.

391.0 Antecedent cause(s)

6 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Otitis Media

(c) Ileo-colitis.

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1950, to Jan 4, 1950, that I last saw the deceased alive on Jan 4, 1950, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE: Thomas Strother (Degree or title) Mt. Brunswick Md | ADDRESS | DATE SIGNED: Jan 4 - '50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 1-5-50 | NAME OF CEMETERY OR CREMATORY: Mountain | LOCATION (City, town, or county): Knoxville (State): Md

DATE REC'D BY LOCAL REG.: Jan 4-50 | REGISTRAR'S SIGNATURE: Kathryn - H. Brown Dep. | 24. FUNERAL DIRECTOR: C. H. Fite & Bro Brunswick Md | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1950
BUREAU V. S.

00458

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick, Md
LENGTH OF STAY (in this place) 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Point of Rocks, Frederick Co., Md.
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~
STREET ADDRESS (If rural, give location) ~~Frederick, Md.~~

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Mary | M. | Goodhart | 1 | 23 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Female | White | Married | Oct. 1868 | 81 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Pennsylvania | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Mr. Henry Seitz | Unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | None | Mr. J.W. Goodhart, Point of Rocks, Md. |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| Immediate cause (a) Uremia | 1 week |
| Antecedent cause(s) (b) Arterio-Seleratic Cardio-vascular Disease | 2 yrs (?) |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus | 6 yrs (?) |

422.1
61

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 24 July 1949, to 23 Jan., 1950, that I last saw the deceased alive on 22 Jan., 1950, and that death occurred at 2:30 A m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Charles H. Corby Jr. M.D. | Frederick, Md. | 23 Jan. 1950. |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1/25/50 | Union Cemetery | Leesburg Va |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 23 Jan 1950 | Elizabeth L. Fleck | M.R. Etchison & Son | Frederick Md. |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

RECEIVED
JAN 24 1950
BUREAU V. S.

00459

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 3 days 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge Maryland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) OSCAR (Middle) B. (Last) HAhn
4. DATE OF DEATH: (Month) January (Day) 12 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 10/13/92
9. AGE last birthday: 57 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Clarence Hahn
14. MOTHER'S MAIDEN NAME: Minnie Keeney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: ??
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency — 1/8/50 to 1/12/50

Antecedent cause(s)

420.0 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

93d (c) Bronchial Pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 8, 1950, to January 12, 1950, that I last saw the deceased alive on January 12, 1950, and that death occurred at 3:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. A. Tearre M.D. — ADDRESS: Frederick, Md — DATE SIGNED: 1-12-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 15-1950 — NAME OF CEMETERY OR CREMATORY: Kridere Cemetery — LOCATION (City, town, or county): Westminster — (State): Md.

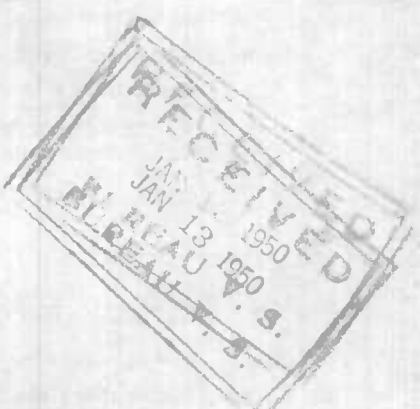
DATE REC'D BY LOCAL REG.: 12 Jan 1950 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck — 24. FUNERAL DIRECTOR: H Bankard & Son — ADDRESS: Westminster, Md.

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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JAN 13 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

00460

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick, Maryland
MARYLAND
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Carroll
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy, Md. RFD 3
STREET ADDRESS (If rural, give location) Frederick, Maryland ✓

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) R (Last) Hardy

4. DATE OF DEATH: (Month) January (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: 5-24-82

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Mr. Arthur Hardy

14. MOTHER'S MAIDEN NAME: Elyia Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute lymphatic leukemia

204.0 Antecedent cause(s)

74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20, 1949, to 1-1, 1950, that I last saw the deceased alive on 1-1, 1950, and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. A. Pearre M.D. Frederick Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 3, 1950 | NAME OF CEMETERY OR CREMATORY: Howard Chapel | LOCATION (City, town, or county) (State): Long Corner, Md.

DATE REC'D BY LOCAL REG. 1-Jan 1950 | REGISTRAR'S SIGNATURE: Elizabeth G. Heck.

24. FUNERAL DIRECTOR ADDRESS: Olin L. Molesworth, Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 4 1950
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural
LENGTH OF STAY (in this place) 44 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Buckeystown.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) (Last) Hoak

4. DATE OF DEATH (Month) January (Day) 19 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH June 13, 1932

9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Page County Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Annie Hoak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Records Emergency Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma brain — INTERVAL BETWEEN ONSET AND DEATH 6 months

193X Antecedent cause(s)

54b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1949, to Jan. 19, 1950, that I last saw the deceased alive on Jan. 18, 1950, and that death occurred at 5:15 A m., from the causes and on the date stated above.

SIGNATURE Bernard Thomas Jr. (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED Jan. 19, 1950

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial — DATE 1-21-1950 — NAME OF CEMETERY OR CREMATORY Brethren Cemetery — LOCATION (City, town, or county) (State) Ida - Virginia

DATE REC'D BY LOCAL REG. 19 Jan 1950 — REGISTRAR'S SIGNATURE Elizabeth G. Heck — 24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick - Md. ADDRESS

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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00462

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Lewistown
LENGTH OF STAY (in this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Lewistown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) LUCY (Last) HUGHES

4. DATE OF DEATH: (Month) January (Day) 14th (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 1, 1894

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Amon Peyton

14. MOTHER'S MAIDEN NAME: Daisy Thorpe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mr. William S. Hughes, Lewistown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pulmonary edema | hours |
| 410 Antecedent cause(s) | | |
| 92 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Rheumatic heart disease c aortic stenosis & regurg. & mitral stenosis & regurg. | years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 19 49, to January, 1950, that I last saw the deceased alive on January, 1950, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| James R. Thomas | M.D. | Frederick, Md. | 1/16/50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Jan. 18, 1950 | Mount Olivet Cemetery | Frederick, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 16 Jan 1950 | Blanche S. Eyler | C. E. Cline & Son | Frederick, Maryland |

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JAN. 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00463

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Frederick MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY -- |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN From LENGTH OF STAY (in this place) 6/18/47 | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium to present | STREET ADDRESS (If rural, give location) 3412 Hickory Ave. ✓ |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) E. (Last) Hunt | | | 4. DATE OF DEATH (Month) Jan. (Day) 21, (Year) 1950 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated | 8. DATE OF BIRTH 3/24/12 | 9. AGE last birthday 37 yrs. | If under 1 year Months. Days / If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Factory Worker | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME Henry Burhorst | | | 14. MOTHER'S MAIDEN NAME Elizabeth M. Bishop | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | | 16. SOCIAL SECURITY NO. 216-03-9506 | 17. INFORMANT Patient | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | 6 yrs. |
| 002 X Antecedent cause(s) | | |
| 13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from June 18, 1947, to Jan. 21, 1950, that I last saw the deceased alive on Jan. 21, 1950, and that death occurred at 7:35 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS State Sanatorium, Maryland DATE SIGNED 1/21/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Jan. 25, 1950 | NAME OF CEMETERY OR CREMATORY Morald Memorial Cem. | LOCATION (City, town, or county) Taylor Ave. Baltimore (State) Md. |
| DATE REC'D BY LOCAL REG. 1/21/50 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR John C. Moran, 3000 E. Baltimore St. | ADDRESS |

98821

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00464

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick | LENGTH OF STAY (in this place): 55 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 224 Carroll Parkway

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| HOMER | DOUB | KEPLER | 1 | 31 | 19 50 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| M | W | M | 2-24-1890 | 59 yrs. | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Modern Lighting Company
11. BIRTHPLACE (State or foreign country): Middletown, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John L. Kepler
14. MOTHER'S MAIDEN NAME: Clara Doub

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: 214-10-4411
17. INFORMANT AND ADDRESS: Mrs. Hazel E. Kepler, 224 Carroll Parkway, Frederick, Maryland

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis | 10 Days |
| Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22, 1950 to Jan 31, 1950 that I last saw the deceased alive on Jan 31, 1950 and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M. D. ADDRESS: Frederick, Maryland DATE SIGNED: 2-1-50

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 2-2-50 | Mount Olivet Cemetery | Frederick, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 2 Feb-1950 | Elizabeth Y. Hecht | M. R. Etchison & Son, | Frederick, Maryland |

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FEB 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06465

Reg. Dist. No. 131

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY Frederick MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Frederick |
| ~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adamstown-Rural — LENGTH OF STAY (in this place) | ~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Adamstown-Rural RD#1 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Flint Hill | STREET ADDRESS (If rural, give location) Near Flint Hill |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) GORDON | (Middle) CLEON | (Last) LAYER | 4. DATE OF DEATH | (Month) 1 | (Day) 3 | (Year) 1950 |
| 5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S | 8. DATE OF BIRTH 10-16-1949 | 9. AGE last birthday yrs. | If under 1 year Months 2 | Days 17 | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Frederick, Maryland | | | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME Addison G. Layer | | | 14. MOTHER'S MAIDEN NAME Ermine Weedon | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | | 16. SOCIAL SECURITY No. None | 17. INFORMANT AND ADDRESS Addison G. Layer R. F. D. #1, Adamstown, Md. | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Broncho Pneumonia | 2 days |
| 571.0 Antecedent cause(s) | | |
| 119a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Dearr Lea | 7 days |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 1-3, 1950, to 1-3, 1950, that I last saw the deceased alive on 1-3, 1950, and that death occurred at 7:30 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| M. G. Bourne Jr | M. D. | Frederick, Maryland | 1-4-50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial | DATE 1-5-50 | NAME OF CEMETERY OR CREMATORY Hope Hill Cemetery | LOCATION (City, town, or county) (State) Near Urbana, Maryland |
| DATE REC'D BY LOCAL REG. 4 Jan 1950 | REGISTRAR'S SIGNATURE Elizabeth G. Heck | 24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland | ADDRESS |

2-0-0 10-9-22-3-40-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5 1950
BUREAU V. S.

00466

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fred. Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Fred.
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural - Thurmont
STREET ADDRESS (If rural, give location) Thurmont R D 1

3. NAME OF DECEASED (Type or Print) (First) Luther (Middle) Elmer (Last) Leatherman
4. DATE OF DEATH (Month) Jan (Day) 27 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) Widowed
8. DATE OF BIRTH 10-9-1881
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Near Thurmont
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Leatherman
14. MOTHER'S MAIDEN NAME Josephine Curtis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Marshall Leatherman

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary embolus | 10 min |
| 812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Fracture of rt. femur | 24 days |
| 170c | (c) Struck by auto | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Baltimore (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) Jan (Day) 3 (Year) 1950 (Hour) 3 p m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. W. Bow (Degree or title) Deputy Wed Ex. ADDRESS Frederick, Md. DATE SIGNED 1.27.50

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 1-30-50
NAME OF CEMETERY OR CREMATORY Utica Cemetery
LOCATION (City, town, or county) Utica - Fred. - (State) Md.

DATE REC'D BY LOCAL REG. 28 Jan 1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

00467

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 133

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithsburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Smithsburg
STREET ADDRESS (If rural give location) M. Garfield

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) May (Last) Lewis

4. DATE OF DEATH (Month) Jan (Day) 13, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 5-10-1862
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Kuhn
14. MOTHER'S MAIDEN NAME Susan Portner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs Emma Cross - Smithsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 5, 1949, to Jan 13, 1950, that I last saw the deceased alive on Jan 10, 1950, and that death occurred at 1 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elmer Harp MD ADDRESS Middletown DATE SIGNED 1-13-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 15, 1950
NAME OF CEMETERY OR CREMATORY Bethel M.E.
LOCATION (City, town, or county) M. Garfield (State) Md

DATE REC'D BY LOCAL REG. Jan 14, 1950
REGISTRAR'S SIGNATURE Oneita Wolfe
24. FUNERAL DIRECTOR Paul F. Bittle, Myersville, Md. ADDRESS

55086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00468

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium | LENGTH OF STAY (in this place) Since 2/25/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Welton | Paul | Long | Jan. | 14 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 6/24/1901 | 48 yrs. | 6 | 21 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Railroad Conductor | | Broadway, Virginia | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Robert Allen Long | Unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| No | | 705-09-9295 | Deceased |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 1 Yr.

002 Antecedent cause(s)

131 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 2/25, 1949, to 1/14, 1950, that I last saw the deceased alive on 1/14, 1950, and that death occurred at 3:20 A m., from the causes and on the date stated above.

SIGNATURE J. R. Lyon, M.D. (Degree or title) — ADDRESS State Sanatorium, Md. — DATE SIGNED 1/14/50

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Jan 16/1950 | Burial | Park Heights Cem. | Brunswick, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 1/14/50 | J. Boyer | C. H. Feete & Bro. | Brunswick Md. |

10247

RECEIVED
JAN 16 1950
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00469

## CERTIFICATE OF DEATH

Reg. Dist. No. 137

**1. PLACE OF DEATH:**
County: Frederick
City or town: Johnsville (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)
State: Md. County: Frederick
City or town: Johnsville (If outside city or town limits, write RURAL and give nearest town)
Street No. — (If rural, give LOCATION)
2.(a) If veteran, name war: —

**3.(a) FULL NAME:** Harry William Lookingbill

**3.(b) Social Security Number:** —

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | Married |

6.(b) Name of husband or wife: Charlotte Sadie Palmer
6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Sept. 6, 1875

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 4 | 25 | ...hrs. ...min. |

9. Birthplace: Frederick Co (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business

FATHER
12. Name: Emanuel Lookingbill
13. Birthplace: Frederick Co

MOTHER
14. Maiden name: Eliza Wagner
15. Birthplace: Frederick Co

16. Informant: Mr. Wm. Lookingbill
Address: Woodsboro

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 3 1950 (month) (day) (year)
Cemetery or crematory: Beaver Dam
Location: Mt. Johnsville
18. Funeral director: J. E. Baxter
Address: Walkersville, Md.

19. Dec 2 1950 (Date rec'd by registrar) [signature] Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: January 31 1950 at 4.50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 14 1949 to Jan 30 1950 and that I last saw him alive on Jan 30 1950

| Immediate cause of death | DURATION |
|---|---|
| Chronic Myocarditis | |
| Due to Arteriosclerosis | |
| Due to | |
| Other conditions 422.1 932 (Include pregnancy within 3 months of death) | |

Major findings of operation: ... Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE: J. N Ligg M. D. or other
Address: Union Bridge Date signed: Jan 31-50

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00470

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Home - Montevue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) VIRGINIA (Last) Lyons

4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 1, 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months 7 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis Lyons

14. MOTHER'S MAIDEN NAME: Margaret Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 1 hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

9-4a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 46, to Jan. 10, 1950, that I last saw the deceased alive on Jan. 9, 1950, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard O. Kinnas M.D. ADDRESS Frederick Md DATE SIGNED Jan. 11, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan. 12. 1950 | NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery | LOCATION (City, town, or county) Thurmont (State) Md.

DATE REC'D BY LOCAL REG. 12 Jan 1950 | REGISTRAR'S SIGNATURE Elizabeth J. Heck | 24. FUNERAL DIRECTOR W. E. Creager & Son | ADDRESS Thurmont, Md.

52086

RECEIVED
JAN 17 1950
BUREAU OF S

00471

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Brunswick (Rosemont) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Brunswick (Rosemont)
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Phoebe (Middle) Louise (Last) Magalis

4. DATE OF DEATH: (Month) 1 (Day) 26 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH: 12-3-1866
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel McLaughlin
14. MOTHER'S MAIDEN NAME: Anna Crabtree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mrs Fay Magalis Gross Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis — 15 yrs

450.0 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1934, to 1/26, 1950, that I last saw the deceased alive on 1/25, 1950, and that death occurred at 1:40 p m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. — ADDRESS: Brunswick Md — DATE SIGNED: 1/27/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE: 1-29-1950 — NAME OF CEMETERY OR CREMATORY: St. Marks — LOCATION (City, town, or county): Petersville (State): Md

DATE REC'D BY LOCAL REG.: Jan. 28-50 — REGISTRAR'S SIGNATURE: Kathryn H. Brown Dep. — 24. FUNERAL DIRECTOR: C. H. Feete & Bro Brunswick — ADDRESS: Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1950
BUREAU V. S.

00472

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; STREET ADDRESS (If rural, give location) 22 Winchester Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) C. (Last) MICHAEL III

4. DATE OF DEATH: (Month) January (Day) 31 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) Single

8. DATE OF BIRTH: January 31, 1950

9. AGE last birthday: yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 4 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William C. Michael, Jr.

14. MOTHER'S MAIDEN NAME: Mary Jane Louise May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. William C. Michael, Jr., Frederick, Md.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hydrocephalus

752 Antecedent cause(s)

157a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1950, to Jan 31, 1950, that I last saw the deceased alive on Jan 31, 1950, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R O Sloss M.D. Frederick, Md. Feb 1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE Feb. 1, 1950; NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery; LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 1 Feb 1950; REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

20-1-31-0-20-3-40-4

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RECEIVED
FEB 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

00473

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mr. John (Middle) T. (Last) Miller
4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4/21/1879
9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John W. Miller
14. MOTHER'S MAIDEN NAME: Elizabeth Lynn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-03-3533
17. INFORMANT AND ADDRESS: Wilfred L. Smith Taneytown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Thrombosis — 1 day

420.0 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 6 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 29, 1950, to Jan 30, 1950, that I last saw the deceased alive on Jan 30, 1950, and that death occurred at 7:03 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. A. Deare M.D. Frederick Md. 1/30/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 2/2/1950
NAME OF CEMETERY OR CREMATORY: Haugh's
LOCATION (City, town, or county) (State): Ladiesburg Md.

DATE REC'D BY LOCAL REG.: 30 Jan 1950
REGISTRAR'S SIGNATURE: Elizabeth G. Keck.
24. FUNERAL DIRECTOR: C. D. Fuss & Son
ADDRESS: Taneytown Md.

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RECEIVED
FEB 1 1950
BUREAU V. S.

00474

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) N. Bentz Street.

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) HICKS (Last) MILLER
4. DATE OF DEATH: (Month) Jan (Day) 9 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 10, 1892
9. AGE last birthday: 57 yrs. If under 1 year: Months 10; If under 24 hrs.: Days 29, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Hicks Miller
14. MOTHER'S MAIDEN NAME: Laura F. Mort
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs H. A. R. Bell Frederick RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary thrombosis, acute | 7 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis, coronary arteries | 10 years |
| | (c) | |

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive cardiac failure — 7 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Jan, 1950, to 9 Jan, 1950, that I last saw the deceased alive on 9 Jan, 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. Flower, Jr MD — ADDRESS Walkersville, Md — DATE SIGNED 10 Jan 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Jan. 11. 1950 — NAME OF CEMETERY OR CREMATORY Utica Cemetery — LOCATION (City, town, or county) Utica — (State) Md

DATE REC'D BY LOCAL REG. 10 Jan 1950 — REGISTRAR'S SIGNATURE Elizabeth L. Hecks

24. FUNERAL DIRECTOR — ADDRESS M. F. Creager & Son Thurmont, Md.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 W. 3rd St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 23 W. 3rd St

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Lucinda (Last) Nicodemus

4. DATE OF DEATH (Month) Jan (Day) 19 (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) widowed
8. DATE OF BIRTH Sept 12 1858
9. AGE last birthday 91 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Martin L. Nicodemus
14. MOTHER'S MAIDEN NAME Lucinda Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Aisley A. Nicodemus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Coronary Occlusion | 5 minutes |
| 420.1 Antecedent cause(s) | | | |
| 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | arterio sclerosis | many years |
| | (c) | Primary Atypical pneumonia | 2 weeks |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1950, to 1/19, 1950, that I last saw the deceased alive on 1/19, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE S. R. Schoolman M.D. (Degree or title) ADDRESS 228 N Market St DATE SIGNED 1/20/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE Jan 21, 1950
NAME OF CEMETERY OR CREMATORY Linganore
LOCATION (City, town, or county) Mt Pleasant (State) Md

DATE REC'D BY LOCAL REG. 20 Jan 1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Harry E. Cartylio ADDRESS Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 23 1950
BUREAU V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Rural - Frederick
LENGTH OF STAY (in this place): 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Rural - Frederick
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) P. (Last) PARTON
4. DATE OF DEATH: (Month) January (Day) 19th (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed
8. DATE OF BIRTH: March 1, 1871
9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Parton
14. MOTHER'S MAIDEN NAME: Martha Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Miss Virginia M. Parton, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — Immediate

442x Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio-vascular renal dis. — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1948, to 19 Jan., 1950, that I last saw the deceased alive on 18 Jan., 1950, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE: Charles H. Conley, Jr. (Degree or title): M.D. ADDRESS: Frederick, Maryland DATE SIGNED: 1/20/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Jan. 21, 1950
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: 20 Jan 1950
REGISTRAR'S SIGNATURE: Elizabeth G. Heck.
24. FUNERAL DIRECTOR — ADDRESS: C. E. Cline & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 23 1950
BUREAU V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Central
LENGTH OF STAY (In this place): 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Central
STREET ADDRESS (If rural, give location): Rural--Frederick

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) L. (Last) POOLE

4. DATE OF DEATH: (Month) Jan. (Day) 25 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3-26-1890

9. AGE last birthday: 59 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Poole

14. MOTHER'S MAIDEN NAME: Virginia Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Rosa A.Poole, R.D.Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 4 hours

420.1 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetis Mulitis — 5 yrs

860

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1949, to Jan 25, 1950, that I last saw the deceased alive on Jan 24, 1950, and that death occurred at 2 A, m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ernest P. Roop M.D., New Market Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: 1-28-1950
NAME OF CEMETERY OR CREMATORY: Winters Lutheran
LOCATION (City, town, or county) (State): New Windsor, Md.

DATE REC'D BY LOCAL REG.: Jan 27-50
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: C. M. Waltz, Winfield, Md.

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FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00478

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Frederick
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 14 West Third Street

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 14 West Third Street

**3. NAME OF DECEASED (Type or Print)**: (First) SUSIE (Middle) GERTRUDE (Last) POOLE

**4. DATE OF DEATH**: (Month) January (Day) 20th (Year) 1950

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)**: Single

**8. DATE OF BIRTH**: May 29, 1862

**9. AGE last birthday**: 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**:

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE (State or foreign country)**: Maryland

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13. FATHER'S NAME**: George A. Poole

**14. MOTHER'S MAIDEN NAME**: Mary Ann ? Poole

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)**: No
(If year, give war or dates of service):

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT AND ADDRESS**: Mrs. Quinn F. Topper, Emmittsburg, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

**Immediate cause** (a) Chronic Myocarditis.

422.2 **Antecedent cause(s)**

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)**:

**PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** (CITY OR TOWN) (COUNTY) (STATE):

**TIME OF INJURY (Month) (Day) (Year) (Hour)** m.:

**INJURY OCCURRED** While at Work ☐ Not While At work ☐

**HOW DID INJURY OCCUR?**:

**22.** I hereby certify that I attended the deceased from Nov. 1, 1949, to Jan. 20, 1950, that I last saw the deceased alive on Jan. 19, 1950, and that death occurred at 3:45 A. m., from the causes and on the date stated above.

**SIGNATURE**: Wm. M. Smith (Degree or title) M.D. ADDRESS: Frederick Maryland. DATE SIGNED:

**23. BURIAL, CREMATION, REMOVAL (Specify)**: Burial
DATE: Jan. 23, 1950
NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 21 Jan 1950
REGISTRAR'S SIGNATURE: Elizabeth G. Heck

**24. FUNERAL DIRECTOR** ADDRESS: C. E. Cline & Son, Frederick, Maryland

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RECEIVED
JAN 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0C479

# CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville; LENGTH OF STAY (in this place) 20 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville; STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Ira | Elsworth | Pryor | 1 | 14 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | married | 1-28-1868 | 81 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| salesman | | Walkersville Md. | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Benjamin Pryor | Matilda Shuff |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no | none | Mrs. Orpha Pryor |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Edema | 1 day |
| 443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d | (b) Myocardial Insufficiency | 1 wk + |
| | (c) Hypertensive Cardiovascular Dis. | 10 yrs + |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from Jan. 18, 1937, to Dec. 28, 1949, that I last saw the deceased alive on Dec. 28, 1949, and that death occurred at 5 30 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Roland L. Hauver | M.D. | Hagerstown Md | Jan. 17, '50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1-17-1950 | Reformed Cemetery | Middletown Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 1-19-50 | D Edgar Bittle | Gladhill Co. | Middletown, Md. |

29879

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

00480

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Yellow Springs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Lancaster
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Lancaster
STREET ADDRESS (If rural, give location) 509 West Orange Street ✓

3. NAME OF DECEASED (Type or Print) (First) ARTHUR (Middle) E. (Last) RANCK
4. DATE OF DEATH (Month) 1 (Day) 10 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) W
8. DATE OF BIRTH 11-2-90
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bird-in-hand, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Abram L. Ranck
14. MOTHER'S MAIDEN NAME Jennie Ranck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.
17. INFORMANT Abram L. Ranck 509 W. Orange St., Lancaster, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) KCN poisoning — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

971.8

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

163G

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF ~~INJURY~~ Death. → (CITY OR TOWN) Road from Yellow Springs to Hawkins Fire Tower (COUNTY) (STATE) Frederick Md.
TIME OF ~~INJURY~~ Death (Month) 1. (Day) 10. (Year) 50 (Hour) 5 P.M.?
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE R. W. Bow (Degree or title) ADDRESS Deputy Medical Examiner, Frederick, Maryland, DATE SIGNED January 12th, 1950

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 1-16-50
NAME OF CEMETERY OR CREMATORY United Brethren Cemetery
LOCATION (City, town, or county) (State) Intercourse, Pennsylvania

DATE REC'D BY LOCAL REG. 13 Jan 1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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V 3070

RECEIVED
JAN 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06481

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural 5 Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue Hospt (Home)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town)
OR TOWN Thurmont,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) C. (Last) Reeves

4. DATE OF DEATH: (Month) JAN (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widower

8. DATE OF BIRTH: Feb 5 1865

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Reves

14. MOTHER'S MAIDEN NAME: Mary Howison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: William Wallace Reeves

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis | ½ hour |
| 420.1 Antecedent cause(s) | | |
| 93a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) Arterio-sclerotic Cardio-Vascular Disease | 20 years. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1949, to Jan. 26, 1950, that I last saw the deceased alive on Jan. 25, 1950, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Bernard O. Thomas Jr. M.D. | Frederick, Md. | Jan. 26, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE JAN 30 1950 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. 27 Jan 1950 | REGISTRAR'S SIGNATURE Elizabeth G. Hess | 24. FUNERAL DIRECTOR | ADDRESS
J. Williams Lee's Sons Co. 300-4th St N.E. Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00482

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 154

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg — LENGTH OF STAY (in this place) 10 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg
STREET ADDRESS (If rural, give location) West Main

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Downey (Last) Riggs

4. DATE OF DEATH: (Month) Jan. (Day) 23, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 31, 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months. 7 Days. 27 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Jesse Downey

14. MOTHER'S MAIDEN NAME: Mary Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service) No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Dr George H. Riggs Emmitsburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Failure — Interval Between Onset and Death: 15 min

Antecedent cause(s) (b) Hypertensive arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

160 443X 61

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1926, to Jan 23, 1950, that I last saw the deceased alive on Jan 23, 1950, and that death occurred at 1A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W.R. Castle MD Emmitsburg Md 1-23-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Jan. 26, 1950 | NAME OF CEMETERY OR CREMATORY Mt. View Cemetery | LOCATION (City, town, or county) (State) Emmitsburg, Md.

DATE REC'D BY LOCAL REG. Jan 25-1950 | REGISTRAR'S SIGNATURE M.F. Shuff | 24. FUNERAL DIRECTOR ADDRESS M. L. Creager & Son Thurmont, Md.

52056

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00483

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 West Fifth Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 13 West Fifth Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| CLAYTON | CALVIN | RODERICK | 1 | 1 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | M | 4-26-1906 | 43 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Ox Fibre Brush
10b. KIND OF BUSINESS OR INDUSTRY: Company
11. BIRTHPLACE (State or foreign country): Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Roderick
14. MOTHER'S MAIDEN NAME: Armanda Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 213-18-8252
17. INFORMANT AND ADDRESS: Mrs. Marian Roderick 13 W. 5th St., Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | 10 hrs |
| 420.1 Antecedent cause(s) | | |
| 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary sclerosis | 3 months |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Jan 1, 1950, that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 4 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| R. L. Thurman | M. D. | Frederick, Maryland | 1-3-50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1-4-50 | Mount Olivet Cemetery | Frederick, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3 Jan 1950 | Elizabeth Y. Fech. | M. R. Etchison & Son, | Frederick, Maryland |

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JAN 5 1950
BUREAU V. D.

00484

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ RURAL
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McKaig - R.D.I

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick Co
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown -
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Stephen (Last) Shauver
4. DATE OF DEATH (Month) ~~22~~ (Day) 1/27 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Married
8. DATE OF BIRTH June 29 - 1927
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter's Helper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Stephen Shauver
14. MOTHER'S MAIDEN NAME Vannie E Seffel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1946-1947
16. SOCIAL SECURITY NO. 213-248648
17. INFORMANT Charles Shauver

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Internal injuries — INTERVAL BETWEEN ONSET AND DEATH 10 min

822.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) auto - accident

170c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY County Road (CITY OR TOWN) McKaig (COUNTY) Frederick (STATE) Md.
TIME OF INJURY (Month) Jan (Day) 27 (Year) 50 (Hour) 7:00 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto accident overturning or roadway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. W. Barr (Degree or title) Deputy Med. Ex. ADDRESS Frederick, Md. DATE SIGNED 1.27.50

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify) Burial
DATE THEREOF 1/30/50
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) Beallsville (State) Md
DATE REC'D BY LOCAL REG. 28 Jan 1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR William B. Hilton, ADDRESS Barnesville

308 V9 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 1 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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00485

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Burkettsville
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Loudon
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waterford
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Simms

4. DATE OF DEATH (Month) 1 (Day) 16 (Year) 1950

5. SEX +

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 4-10-1876

9. AGE last birthday 73 yrs. If under 1 year: Months 9 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Simms

14. MOTHER'S MAIDEN NAME Dealie — unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS 632 Lamont St Charles P. Simms, N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 hrs

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1950, to Jan 16, 1950, that I last saw the deceased alive on Jan 16, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE J. E. Harp (Degree or title) ADDRESS Middletown DATE SIGNED 1-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1-19-50

NAME OF CEMETERY OR CREMATORY Waterford Cemetery

LOCATION (City, town, or county) Waterford (State) Virginia

DATE REC'D BY LOCAL REG. 1-18-50

REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR C H Feete & Bro ADDRESS Brunswick Md.

XVX99

1 Son - Charles P. Sinns.

2 daughters - Mrs Annie Shell D.C. Mrs. Helen Johnson D.C.

Host of nieces and nephews.

Baptist.

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Died at the Home of her niece Sarah Gordon Burkittsville.

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00486

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Brunswick
STREET ADDRESS (If rural, give location) 115 East Potomac Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Barry | Evon | Slifer | 1 | 5 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | | 9/21/48 | 1 yrs. | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George G. Slifer
14. MOTHER'S MAIDEN NAME: Nellie A. Mohler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: George G. Slifer — 115 E. Potomac St., Brunswick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Respiratory Failure | 2 hours |
| 758.2 Antecedent cause(s) | | |
| 157d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Microcephalus | Since Birth |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from Jan. 5, 1950, to Jan. 5, 1950, that I last saw the deceased alive on Jan. 5, 1950, and that death occurred at 11:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Arthur F. Woodward M. D. Frederick Md. 1/5/50

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): Burial | DATE: 1-7-50 | NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 6 Jan 1950 | REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison and Son, Frederick, Maryland

X/X99

RECEIVED
JAN 9 1950
BUREAU V. S.

00487

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Jefferson

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick- Rural RFD#4
STREET ADDRESS (If rural, give location) Near Jefferson

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) W. (Last) SMITH

4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) W

8. DATE OF BIRTH 5-2-1879

9. AGE last birthday 70 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Near Jefferson, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James A. Smith

14. MOTHER'S MAIDEN NAME Catherine Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Annie M. Smith, RFD#4, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 420.1 | Immediate cause | (a) Myocardial decompensation | 4 days |
| | Antecedent cause(s) | | |
| 93d. | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Advanced Coronary disease | 6 mo |
| | | (c) Generalized Arteriosclerosis | 5 yrs |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1949, to 1/8, 1950 that I last saw the deceased alive on 1/8, 1950, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE R. Tarlett Brice (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 1-9-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial

DATE 1-11-50

NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery

LOCATION (City, town, or county) (State) Jefferson, Maryland

DATE REC'D BY LOCAL REG. 10 Jan 1950

REGISTRAR'S SIGNATURE Elizabeth G. Hecks

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00488

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick
MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 33 Winchester Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| JOHN | LEE | SMITH | 1 | 8 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | .. | 2-14-1875 | 74 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Contractor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Smith
14. MOTHER'S MAIDEN NAME: Margaret Elsrode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT: Mrs. Lillian Anderson (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 1 hr. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension, arteriosclerosis | 10 yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☐ | Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|---|
| 1 | 8 | 50 | 5:05 P.M. | | | |

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

| SIGNATURE | (Degree or title) ADDRESS | DATE SIGNED |
|---|---|---|
| R. W. Baer | Deputy Medical Examiner, Frederick, Maryland | 1-9-50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1-11-50 | Mount Olivet Cemetery | Frederick, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 10 Jan 1950 | Elizabeth S. Heck. | M. R. Etchison and Son, Frederick, Maryland |

15619

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JAN 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00489

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Marks
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Marks
STREET ADDRESS (If rural, give location) rural St. Marks

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Fred | Willis | Snoots | 1 | 15 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | Divorced | 11-23-87 | 62 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Laborer | ordinary | Virginia | U.S.A. |

13. FATHER'S NAME: Alonza Snoots
14. MOTHER'S MAIDEN NAME: Katie B. Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 219-01-8963
17. INFORMANT: Mrs. Minnie Caniford

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute alcoholism | 3 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Shock from Fall | |
| | (c) | |

322.1
1860

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic alcoholism

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
|---|---|---|
| | | |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | Brunswick | Frederick | Md. |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☐ | Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|---|
| 1. | 15 | 50 | 2:30 A m. | | | Drunk & fell striking head. |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| R. W. Baer | DEPUTY MEDICAL EXAMINER R. W. BAER | Frederick Md. | 1.16.50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 1-17-50 | Lutheran | Jefferson | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 1-17-50 | Kathryn H. Brown Dep. | C.H. Feete & Bro. | Brunswick, Md. |

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RECEIVED
JAN 20 1950
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00490

Reg. Diat. No. 13

**1. PLACE OF DEATH:**

County Frederick

City or town ~~Frederick~~ - RURAL

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred:

Montevue County Home

How long in hospital or institution? 2 Years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Frederick Co

City or town Fountain Mills

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war none

**3.(a) FULL NAME** James Alfred Snowden Snowden

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | Col | Divorced |

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28 1880

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 69 | 11 | 18 | hrs. min. |

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Fillmore Snowden

13. Birthplace Maryland

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Sadie Snowden

Address Fountainmills Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 19 1950 (month) (day) (year)

Cemetery or ~~crematory~~ Fountainmills MD.

Location Frederick Co

18. Funeral director Roy W. Barber

Address Laytonsville MD.

19. 18 Jan 1950 (Date rec'd by registrar) Elizabeth L. Heck Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1950, at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946 to Jan. 16 1950 and that I last saw him alive on Jan 10 1950

| Immediate cause of death | DURATION |
|---|---|
| Hemiplegia | 10 weeks |
| Due to | |
| Due to | |
| Other conditions | |

352 83d (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard O. Thomas Jr. M.D. M. D. or other

Address Frederick, Md. Date signed Jan. 16, 1950

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06491

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
~~CITY~~, OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural
LENGTH OF STAY (In this place) 54 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Bloomfield

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~, OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#3
STREET ADDRESS (If rural, give location) Near Bloomfield

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | CHARLES | EZRA | STALEY | | 1 | 14 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) W | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | W | 5-16-1875 | 74 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired | Farmer | Frederick, Maryland | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Ezra Staley | Mary C. Zeigler |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| No | | 214-10-1048 | Charles P. Staley (son) |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 30 hrs |
| 331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a | (b) Arterio Sclerosis | 3 yrs + |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ XX |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from Jan., 1949, to Jan. 14, 1950, that I last saw the deceased alive on Jan. 14, 1950, and that death occurred at 5:10 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| B O Thomas | M. D. | Frederick, Maryland | 1-16-50 |

| 23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1-17-50 | Mount Olivet Cemetery | Frederick, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 17 Jan 1950 | Elizabeth S. Heck | M. R. Etchison and Son | Frederick, Maryland |

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RECEIVED
JAN 19 1950
BUREAU T. S.

00492

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH — COUNTY: Fredrick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Emmitsburg,
LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Fredrick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): Main Street Emmitsburg.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Virginia (Last) Stonesifer
4. DATE OF DEATH (Month) Jan (Day) 6 (Year) 1950
5. SEX: Fm
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov 26 1874
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fredrick Co, Md.
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME: William Fuss
14. MOTHER'S MAIDEN NAME: Maria Louisa Overholtzer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Helen A. Myers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 2 days

170X Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of right breast with — 3 years

(c) generalized metastases — 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Sept, 1949, to Jan 5, 1950, that I last saw the deceased alive on Jan 5, 1950, and that death occurred at 6 10 A. m. from the causes and on the date stated above.

SIGNATURE: James H. Allison (Degree or title) M.D. ADDRESS: Emmitsburg, Md. DATE SIGNED: 6 Jan. 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan 9, 1950 — NAME OF CEMETERY OR CREMATORY: Mountain View — LOCATION (City, town, or county) (State): Emmitsburg, Md.

DATE REC'D BY LOCAL REG.: Jan 7-1950 — REGISTRAR'S SIGNATURE: M. F. Shuff

24. FUNERAL DIRECTOR: S. L. Allison — ADDRESS: Emmitsburg, Md.

Dr. Allison

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1950
MT. WEAD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00493

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 1 3 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Fredrick
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Emmitsburg, Md.
LENGTH OF STAY (in this place): 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Fredrick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural give location): Emmitsburg, Md.

3. NAME OF DECEASED (Type or Print): (First) Marlin (Middle) Arthur (Last) Stonesifer

4. DATE OF DEATH: (Month) January (Day) 6 (Year) 19 50

5. SEX: m

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 19 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Carroll Co, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: Reuben Alfred Stonesifer

14. MOTHER'S MAIDEN NAME: Clara Frock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-20-9115

17. INFORMANT: Mrs Marlin Stonesifer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Liver — Interval between onset and death: 8 mo.

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 462

(b) Carcinoma. Colon — 18 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 48, to Jan 6, 50, that I last saw the deceased alive on Jan 5, 50, and that death occurred at 330 a.m. from the causes and on the date stated above.

SIGNATURE: W. R. Cadle (Degree or title) M D ADDRESS: Emmitsburg DATE SIGNED: Jan 1-6-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Jan 8, 1950
NAME OF CEMETERY OR CREMATORY: Keysville Cemetery
LOCATION (City, town, or county) (State): Keysville Md.

DATE REC'D BY LOCAL REG.: Jan 6-1950
REGISTRAR'S SIGNATURE: M. F. Shuff
24. FUNERAL DIRECTOR: A. L. Allison
ADDRESS: Emmitsburg, Md.

00000

RECEIVED
JAN 11 1950
BUREAU V. E.

00494

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Frederick MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Frederick |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sabillasville — LENGTH OF STAY (in this place): 1 week | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eylers Valley |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: | STREET ADDRESS (If rural, give location): |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Aquilla | (Middle) J. | (Last) Stottlemeyer | 4. DATE OF DEATH | (Month) 1 (Day) 4 (Year) 1950 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced | 8. DATE OF BIRTH: Jan. 1, 1880 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months. 4 Days; If under 24 hrs.: Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Retired | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13. FATHER'S NAME: Joseph Stottlemeyer | 14. MOTHER'S MAIDEN NAME: Amanda Herley | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No | 16. SOCIAL SECURITY No.: 220-26-5366 | 17. INFORMANT AND ADDRESS: Sabillasville, Md. Lee A. Stottlemeyer | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 3 weeks |
| 331X Antecedent cause(s) | | |
| 830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension | 10 years |
| | (c) Generalized Arteriosclerosis | 10years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Melena | 1 week |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: - | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify): None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): - | (CITY OR TOWN) - (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour): - m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? - |

22. I hereby certify that I attended the deceased from 12/28/, 1949 to 1/3/50, 19....., that I last saw the deceased alive on 1/3/, 1950, and that death occurred at 11:45 PM m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Ross S. Hunch | M.D. | Blue Ridge Summit, Penna. | 1/6/50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Jan 8 1950 | NAME OF CEMETERY OR CREMATORY: U. B. Cemetery | LOCATION (City, town, or county) (State): Wolfsville, Md. |
| DATE REC'D BY LOCAL REG.: 1/7/50 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: M. L. Creager & Son | ADDRESS: Thurmont, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

000VV

RECEIVED
JAN 11 1950
BUREAU V. S.

Evidence for change of age shown on:

00495

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

FILM No. G 124 JAN 25 1950

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 13 hrs. 35 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont, R.F.D. #1, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) W. (Last) Troxell

4. DATE OF DEATH: (Month) January (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 12/25/67

9. AGE last birthday: 82 89 yrs. If under 1 year: Months; Days 20; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Alfred Troxell

14. MOTHER'S MAIDEN NAME: Mary Weller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no

16. SOCIAL SECURITY No. 103-10-8615

17. INFORMANT AND ADDRESS: Mrs Charles Troxell Thurmont - Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute Coronary Thrombosis | 1-13-50 to |
| 420.1 Antecedent cause(s) | | |
| 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriolosclerosis | 1-14-50 |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 13 1950., to January 14, 1950., that I last saw the deceased alive on January 14., 1950., and that death occurred at 2:50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. A. Geare Frederick Md.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE Jan 16. 1950 NAME OF CEMETERY OR CREMATORY U. Brethren Cemetery LOCATION (City, town, or county) Thurmont (State) Md

DATE REC'D BY LOCAL REG. 13 Jan 1950 REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS M. L. Creager & Son Thurmont, Md

XVX79

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00496

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; ~~CITY~~, TOWN (If outside corporate limits, write RURAL and give nearest town) OR Baltonsville Rural; STREET ADDRESS (If rural, give location) R. F. D. I

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Susan (Last) Tyler

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 12/21/76

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltonsville

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chas W. Davis

14. MOTHER'S MAIDEN NAME: Mimi Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Chas W. Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary embolus — Interval Between Onset and Death: minutes

Antecedent cause(s)

692.5 / 100b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Thrombophlebitis of legs — days

(c) Cellulitis of foot — weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 January 19 50, to 19 January 1950, that I last saw the deceased alive on 19 January, 1950, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE James D. Thomas (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 1/21/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial; DATE 1/23/50; NAME OF CEMETERY OR CREMATORY Jackson Chapel; LOCATION (City, town, or county) Baltonsville (State) Md.

DATE REC'D BY LOCAL REG. 21-Jan-1950; REGISTRAR'S SIGNATURE Elizabeth L. Keck

24. FUNERAL DIRECTOR Chas. E. Nicks III; ADDRESS 24 W. All Saints St. Frederick

VS. A13

RECEIVED
JAN 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00497

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) HARLAN (Middle) S. (Last) WACHTEL

4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 29 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Bricklayer

11. BIRTHPLACE (State or foreign country): Myersville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: H. Joshua Wachtel

14. MOTHER'S MAIDEN NAME: Annie M. Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 219-01-4054

17. INFORMANT: Mrs H. S. Wachtel, Myersville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Valvular Heart disease

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

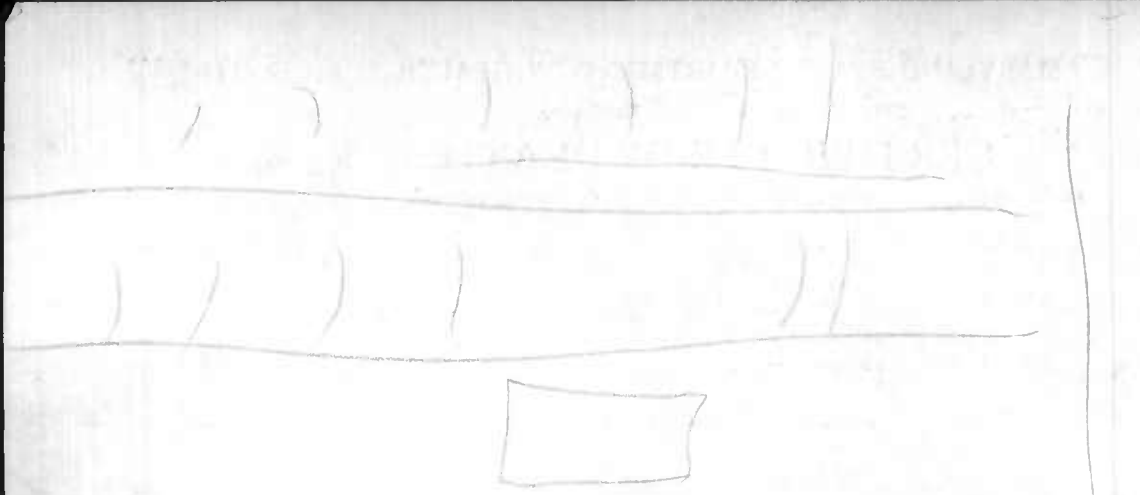
22. I hereby certify that I attended the deceased from Feb, 1947, to Jan 17, 1950, that I last saw the deceased alive on Jan 16, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE J E Harp (Degree or title) ADDRESS Middletown DATE SIGNED 1-18-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 1-19-50 | NAME OF CEMETERY OR CREMATORY St Pauls | LOCATION (City, town, or county) (State) Myersville, Fred. Md

DATE REC'D BY LOCAL REG. 1-19-50 | REGISTRAR'S SIGNATURE Edgar Bittle | 24. FUNERAL DIRECTOR ADDRESS Paul F. Bittle, Myersville, Md.

306 V9



JAN 21 1950
BUREAU U. S.

00498

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9 McMurray St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 9 McMurray St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CATHERINE S. WELTY
4. DATE OF DEATH (Month) (Day) (Year): Jan. 2 1950

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5/26/1866
9. AGE last birthday: 83 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Frederick County Md
12. CITIZEN OF WHAT COUNTRY: U. S.

13. FATHER'S NAME: John David Fox
14. MOTHER'S MAIDEN NAME: Jane Elizabeth Biggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Lewis Burch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio-Renal Disease — Several Years

442X Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Failure — 6 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1949, to Jan 2, 1950, that I last saw the deceased alive on December 15, 1949, and that death occurred at 10:10 A. m., from the causes and on the date stated above.

SIGNATURE: Howard W. Ash (Degree or title) M.D. — ADDRESS: Frederick Md — DATE SIGNED: 1-3-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/5/50 — NAME OF CEMETERY OR CREMATORY: Mt. Tabor Cemetery — LOCATION (City, town, or county) (State): Rocky Ridge, Md.

DATE REC'D BY LOCAL REG.: 3 Jan 1950 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR: D. H. Hartzler & Sons — ADDRESS: Union Bridge & New Windsor Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00493

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY, OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 113 Five and AHalf Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Mooth) | (Day) | (Year) |
|---|---|---|---|---|---|
| THERESA | MAY | WHITE | 1 | 5 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Mooths. | Days | If under 24 hrs. Hours | Mio. |
|---|---|---|---|---|---|---|---|---|
| F | C | W | Sept 5, 1888 | 61 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kiod of work dooe during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| At Home | | Jefferson, Maryland | |

13. FATHER'S NAME: Paul Herbert

14. MOTHER'S MAIDEN NAME: Harriett Leaks

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | None | Catherine White 113 5½ St., Frederick, Maryland |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Arteris-sclerotic Cardes-vascular | 10 years |
| 422.1 Antecedent cause(s) | desease | |
| 93d Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last | (b) | |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions cootrihuting to the death hut not related to the disease or coodition causing death. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No XX ☐ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Mooth) | (Day) | (Year) | (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | | | |

22. I hereby certify that I attended the deceased from Dec 1, 1949, to Jan. 5, 1950 that I last saw the deceased alive on 5 Jan, 1950, and that death occurred at 5:20 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Bernard A. Hemsley | M. D. | Frederick, Maryland | 1-6-50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1-9-50 | Fairview Cemetery | Frederick, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9-Jan 1950 | Elizabeth L. Heck | M. R. Etchison & Son, Frederick, Md. | |

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 9 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 123 JAN 17 1950

00500

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Brunswick
STREET ADDRESS (If rural give location) 532 Brunswick St

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Wesley (Last) Wiles

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 8-18-1872

9. AGE last birthday: ~~77~~ 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Groceries

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Wiles

14. MOTHER'S MAIDEN NAME: Sarah Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. 212-14-7281

17. INFORMANT: Charles Preston Wiles — Duke University Durham N.C.

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Uremia | 1 week |
| 442X Antecedent cause(s) | | |
| 131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arterio-sclerotic Cardio-vascular Renal Disease | 5 years |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Jan., 1950, to 7 Jan., 1950, that I last saw the deceased alive on 6 Jan., 1950, and that death occurred at 4:07 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Charles H. Conley Jr. | M.D. | Frederick, Maryland | 7 Jan'50. |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| | 1-9-1950 | Mt. Olivet | Frederick | Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 8 Jan 1950 | Elizabeth L. Heck. | C. H. Feete and Bro | Brunswick Md. |

15679

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 11 1950
BUREAU V. S.

00501

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 132

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Frederick MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Frederick |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville — LENGTH OF STAY (in this place) 33 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Angie | (Middle) Loretta | (Last) Zecker | 4. DATE OF DEATH | (Month) 1 | (Day) 17 | (Year) 1950 |
| 5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH 12-5-1868 | 9. AGE last birthday 81 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Gapland, Md | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13. FATHER'S NAME Daniel Mullendore | | | 14. MOTHER'S MAIDEN NAME Mary Beachley | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT J. Samuel Zecker | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 18 mo. |
| 331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| 83a | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from June, 1948, to Jan 17, 1950, that I last saw the deceased alive on Jan 16, 1950, and that death occurred at 7.40A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| J. E. Harp | MD | Middletown | 1-19-50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 1-20-1950 | NAME OF CEMETERY OR CREMATORY Union Cemetery | LOCATION (City, town, or county) (State) Burkittsville, Md |
| DATE REC'D BY LOCAL REG. Jan 19-50 | REGISTRAR'S SIGNATURE Marie Gladhill | 24. FUNERAL DIRECTOR Gladhill Co. | ADDRESS Middletown, Md |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1950
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00502

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (In this place) 4 day 3; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market, Maryland; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) M (Middle) Emma (Last) Zimmerman

4. DATE OF DEATH: (Month) January (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH: 12-11-1874

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Byron Etchison

14. MOTHER'S MAIDEN NAME: Miss Mary Beverd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: A. Dewey Zimmerman, 6311 Mt. Hope Rd. Catonsville 28 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of cecum — Interval between onset and death: January 21, 1950

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

153X
46e

(b) Secondary anemia — to January 25, 1950

(c) Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: White at Work ☐ Not White At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 21, 1950, to January 25 1950, that I last saw the deceased alive on January 25, 1950, and that death occurred at 5:15 A. m., from the causes and on the date stated above.

SIGNATURE A. A. Faure (Degree or title) M. D. ADDRESS Frederick, Md. DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial — DATE Jan 27-50 — NAME OF CEMETERY OR CREMATORY New Market Cemetery Co — LOCATION (City, town, or county) New Market (State) Md

DATE REC'D BY LOCAL REG. 26 Jan 1950 — REGISTRAR'S SIGNATURE Elizabeth G. Hoke

24. FUNERAL DIRECTOR C. E. Falconer — ADDRESS New Market Md

VS. A15

RECEIVED
JAN 30 1950
BUREAU V. S.